

# **EXHIBIT 1**

**Invoice****SOUTHERN DISTRICT REPORTERS PC**

Tax ID No. 13-2775946

500 Pearl St.  
 Room 330  
 New York, NY 10007  
 Tel No. (212) 805-0300

INVOICE NO.: 0493996-IN

INVOICE DATE: 01/30/18

CUSTOMER NO.: 1001612

WORK ORDER NO.: 187440

SALESPERSON: CSIW

Nesenoff & Miltenberg, LLP  
 363 Seventh Ave  
 5th Floor  
 New York, NY 10001  
 Attention: Megan Goddard

\*PAYMENT IS DUE UPON RECEIPT\*

JOB DATE      DUARTE V ST. BARNABAS HOSPITAL  
                   CASE NO.      **15CV06824**

1/22/2018      Original      140.00    Pages at      \$3.93      550.20

**PAID**

CK. NO. VISA  
 DATE 1/31/18

Net Invoice:	550.20
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>550.20</b>

**WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER  
 PLEASE MAKE CHECK PAYABLE TO SOUTHERN DISTRICT REPORTERS PC**

**Invoice****SOUTHERN DISTRICT REPORTERS PC**

Tax ID No. 13-2775946

500 Pearl St.  
 Room 330  
 New York, NY 10007  
 Tel No. (212) 805-0300

INVOICE NO.: 0493994-IN

INVOICE DATE: 01/30/18

CUSTOMER NO.: 1001612

WORK ORDER NO.: 187441

SALESPERSON: CSIW

Nesenoff & Miltenberg, LLP  
 363 Seventh Ave  
 5th Floor  
 New York, NY 10001  
 Attention: Megan Goddard

**\*PAYMENT IS DUE UPON RECEIPT\***

JOB DATE      DUARTE V ST. BARNABAS HOSPITAL  
                   CASE NO.      **15CV06824**

1/23/2018      Original      228.00    Pages at      \$4.59      1.046.52

**PAID**

CK. NO. VISA  
 DATE 1/31/18

Net Invoice:	1.046.52
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>1.046.52</b>

**WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER  
 PLEASE MAKE CHECK PAYABLE TO SOUTHERN DISTRICT REPORTERS PC**

**Invoice****SOUTHERN DISTRICT REPORTERS PC****Tax ID No. 13-2775946**

500 Pearl St.  
 Room 330  
 New York, NY 10007  
 Tel No. (212) 805-0300

INVOICE NO.: 0493992-IN  
 INVOICE DATE: 01/30/18

CUSTOMER NO.: 1001612  
 WORK ORDER NO.: 187442  
 SALESPERSON: CSIW

Nesenoff & Miltenberg, LLP  
 363 Seventh Ave  
 5th Floor  
 New York, NY 10001  
 Attention: Megan Goddard

**\*PAYMENT IS DUE UPON RECEIPT\***

JOB DATE      DUARTE V ST. BARNABAS HOSPITAL  
                   CASE NO.      **15CV06824**

1/24/2018      Original      38.00 Pages at      \$4.59      174.42

**PAID**

CK. NO. VISA  
 DATE 1/31/18

Net Invoice:	174.42
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>174.42</b>

**WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER  
 PLEASE MAKE CHECK PAYABLE TO SOUTHERN DISTRICT REPORTERS PC**

**Invoice****SOUTHERN DISTRICT REPORTERS PC**

Tax ID No. 13-2775946

500 Pearl St.  
 Room 330  
 New York, NY 10007  
 Tel No. (212) 805-0300

INVOICE NO.: 0494017-IN

INVOICE DATE: 01/31/18

CUSTOMER NO.: 1001612

WORK ORDER NO.: 187442

SALESPERSON: CSIW

Nesenoff & Miltenberg, LLP  
 363 Seventh Ave  
 5th Floor  
 New York, NY 10001  
 Attention: Megan Goddard/Ingrad Fernandez

**\*PAYMENT IS DUE UPON RECEIPT\***

JOB DATE      DUARTE V ST. BARNABAS HOSPITAL  
                   CASE NO.      15CV06824

1/24/2018      Original      195.00      Pages at      \$4.59      895.05

**PAID**CK. NO. VISADATE 1/31/18

Net Invoice:	895.05
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>895.05</b>

**WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER  
 PLEASE MAKE CHECK PAYABLE TO SOUTHERN DISTRICT REPORTERS PC**

Less Deposit:	895.05
<b>Invoice Balance:</b>	<b>0.00</b>

**Invoice****SOUTHERN DISTRICT REPORTERS PC**

Tax ID No. 13-2775946

500 Pearl St.  
 Room 330  
 New York, NY 10007  
 Tel No. (212) 805-0300

INVOICE NO.: 0494018-IN

INVOICE DATE: 01/31/18

CUSTOMER NO.: 1001612

WORK ORDER NO.: 187443

SALESPERSON: CSIW

Nesenoff & Miltenberg, LLP  
 363 Seventh Ave  
 5th Floor  
 New York, NY 10001  
 Attention: Megan Goddard/Ingrad Fernandez

**\*PAYMENT IS DUE UPON RECEIPT\***

JOB DATE      DUARTE V ST. BARNABAS HOSPITAL  
                   CASE NO.      15CV06824

1/25/2018      Original      230.00      Pages at      \$4.59      1,055.70

**PAID**

CK. NO. VISA  
 DATE 1/31/18

Net Invoice:	1,055.70
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>1,055.70</b>

**WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER  
 PLEASE MAKE CHECK PAYABLE TO SOUTHERN DISTRICT REPORTERS PC**

Less Deposit:	1,055.70
<b>Invoice Balance:</b>	<b>0.00</b>

**Invoice****SOUTHERN DISTRICT REPORTERS PC**

Tax ID No. 13-2775946

500 Pearl St.  
 Room 330  
 New York, NY 10007  
 Tel No. (212) 805-0300

INVOICE NO.: 0494019-JN

INVOICE DATE: 01/31/18

CUSTOMER NO.: 1001612

WORK ORDER NO.: 187444

SALESPERSON: CSIW

Nesenoff & Miltenberg, LLP  
 363 Seventh Ave  
 5th Floor  
 New York, NY 10001  
 Attention: Megan Goddard/Ingrad Fernandez

\*PAYMENT IS DUE UPON RECEIPT\*

JOB DATE      DUARTE V ST. BARNABAS HOSPITAL  
                   CASE NO.      15CV06824

1/26/2018      Original      177.00      Pages at      \$4.59      812.43

**PAID**

CK. NO. 1134  
 DATE 1/31/18

Net Invoice:	812.43
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>812.43</b>

**WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER  
 PLEASE MAKE CHECK PAYABLE TO SOUTHERN DISTRICT REPORTERS PC**

Less Deposit:	812.43
<b>Invoice Balance:</b>	<b>0.00</b>





Gabrielle M. Vinci, Esq.  
Nesenoff & Mittenberg, LLP  
363 Seventh Avenue  
5th Floor  
New York, NY 10001

# INVOICE

Invoice No.	Invoice Date	Job No.
299811	9/27/2016	181903
Job Date	Case No.	
9/12/2016		
Case Name		
Duarte v. St. Barnabas Hospital		
Payment Terms		
Due upon receipt		

ORIGINAL AND 1 CERTIFIED COPY OF TRANSCRIPT OF:

Milagros Arce-Tomale	151.00 Pages	596.45
Exhibit	80.00 Pages	20.00
Reporter Appearance - Per Session	2.00 Sessions	60.00
Minuscrite/Condensed Transcript		27.50
Litigation Support Package/eCD		39.00
Shipping/Delivery		20.00
<b>TOTAL DUE &gt;&gt;&gt;</b>		<b>\$762.95</b>
AFTER 11/11/2016 PAY		\$877.39

Thank you for your business!

Invoices not paid by due date will be subject to interest of 1.5% per month. We will make reasonable efforts to allocate payments properly. Any rights regarding allocations, refunds or adjustments after 90 days from payment shall be waived by payer.

Tax ID: 76-0523238

Phone: 212-736-4500 Fax:

Please detach bottom portion and return with payment.

Gabrielle M. Vinci, Esq.  
Nesenoff & Mittenberg, LLP  
363 Seventh Avenue  
5th Floor  
New York, NY 10001

Job No. : 181903 BU ID : 20-NY  
Case No. :  
Case Name : Duarte v. St. Barnabas Hospital

Invoice No. : 299811 Invoice Date : 9/27/2016

**Total Due : \$762.95**  
AFTER 11/11/2016 PAY \$877.39

Remit To: **U.S. Legal Support**  
**P.O. Box 4772-13**  
**Houston, TX 77210-4772**

**PAYMENT WITH CREDIT CARD**



Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
Amount to Charge: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_





Gabrielle M. Vinci, Esq.  
Nesenoff & Mittenberg, LLP  
363 Seventh Avenue  
5th Floor  
New York, NY 10001

# INVOICE

Invoice No.	Invoice Date	Job No.
299062	9/20/2016	180640
Job Date	Case No.	
9/6/2016		
Case Name		
Duarte v. St. Barnabas		
Payment Terms		
Due upon receipt		

**ORIGINAL AND 1 CERTIFIED COPY OF TRANSCRIPT OF:**

Wayne Webb	90.00 Pages	355.50
Exhibit	91.00 Pages	22.75
Reporter Appearance - Per Session		30.00
Minuscrite/Condensed Transcript		27.50
Litigation Support Package/eCD		39.00
Shipping/Delivery		20.00
Copy Discount	90.00 Pages	-45.00
Wait Time		65.00
<b>TOTAL DUE &gt;&gt;&gt;</b>		<b>\$514.75</b>
AFTER 11/4/2016 PAY		\$591.96

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Invoice not paid by due date is subject to interest of 1.5% per month. We will make reasonable efforts to allocate payments properly. U.S. Legal Support may recover any fees and costs it incurs in collecting any unpaid amounts. Any rights regarding allocations, refunds or adjustments after 90 days from payment shall be waived by payer.

**Tax ID:** 76-0523238

**Phone:** 212-736-4500 **Fax:**

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Gabrielle M. Vinci, Esq.  
Nesenoff & Mittenberg, LLP  
363 Seventh Avenue  
5th Floor  
New York, NY 10001

Job No. : 180640 BU ID : 20-NY  
Case No. :  
Case Name : Duarte v. St. Barnabas

Invoice No. : 299062 Invoice Date : 9/20/2016  
**Total Due : \$514.75**  
AFTER 11/4/2016 PAY \$591.96

**Remit To: U.S. Legal Support**  
**P.O. Box 4772-13**  
**Houston, TX 77210-4772**

**PAYMENT WITH CREDIT CARD**



Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
Amount to Charge: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_



Gabrielle M. Vinci, Esq.  
Nesenoff & Mittenberg, LLP  
363 Seventh Avenue  
5th Floor  
New York, NY 10001

# INVOICE

Invoice No.	Invoice Date	Job No.
300032	9/28/2016	182131
Job Date	Case No.	
9/15/2016		
Case Name		
Duarte v. St. Barnabas Hospital		
Payment Terms		
Due upon receipt		

ORIGINAL AND 1 CERTIFIED COPY OF TRANSCRIPT OF:

Edgardo Quinones	141.00 Pages	556.95
Exhibit	22.00 Pages	5.50
Reporter Appearance - Per Session		30.00
Minuscrypt/Condensed Transcript		27.50
Litigation Support Package/eCD		39.00
Shipping/Delivery		20.00
<b>TOTAL DUE &gt;&gt;&gt;</b>		<b>\$678.95</b>
AFTER 11/12/2016 PAY		\$780.79

Thank you for your business!

Invoice not paid by due date is subject to interest of 1.5% per month. We will make reasonable efforts to allocate payments properly. U.S. Legal Support may recover any fees and costs it incurs in collecting any unpaid amounts. Any rights regarding allocations, refunds or adjustments after 90 days from payment shall be waived by payer.

Tax ID: 76-0523238

Phone: 212-736-4500 Fax:

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Gabrielle M. Vinci, Esq.  
Nesenoff & Mittenberg, LLP  
363 Seventh Avenue  
5th Floor  
New York, NY 10001

Job No. : 182131 BU ID : 20-NY  
Case No. :  
Case Name : Duarte v. St. Barnabas Hospital

Invoice No. : 300032 Invoice Date : 9/28/2016  
**Total Due : \$678.95**  
AFTER 11/12/2016 PAY \$780.79

Remit To: **U.S. Legal Support**  
**P.O. Box 4772-13**  
**Houston, TX 77210-4772**

**PAYMENT WITH CREDIT CARD**



Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
Amount to Charge: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_